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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State: _	TENNES	SSEE			
<u>Citation</u> 1902(a)(52) and 1925 of		<u>Families</u>	Receiving Extended Medicaid Benefits			
the Act	(a).	Services provided to families during the first 6-month period of extended Medicaid benefits unde Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described				

			31b
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State: _	TENNESSEE	
Citation	3.5	Families (Continue	Receiving Extended Medicaid Benefits ed)
		· <u> </u>	Private duty nursing services.
			Physical therapy and related services.
			Other diagnostic, screening, preventive, an rehabilitation services.
		<i></i> 7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		_7	Intermediate care facility services for the mentally retarded.
	۵		Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
		<u>_</u> /	Any other medical care and any other type or remedial care recognized under State law and specified by the Secretary.
TN No. 92 Supersedes TN No. 9	2-3 0-13 Approval	Date 2/	/29/92 Effective Date 1/1/92

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ОМВ	No.:	0938-
	State:	TENNESS	SEE '		
Citation	3.5 <u>Fam</u> (Co	ilies Rentinued)	ceiving Extended Medicaid	Benef	its
	(c) <u> </u> /	fees,	agency pays the family's productibles, coinsurance, wealth plans offered by the over as payments for medical	and care	similar costs taker's
		<u></u>	1st 6 months /// 2	nd 6	months
		emplo	gency requires caretakers yers' health plans as a co bility.	to en onditi	roll in on of
			1st 6 mos. /_/ 2nd	6 mos	
	(d) <u>/</u> /	fa ex	e Medicaid agency provides milies during the second 6 tended Medicaid benefits to allowing alternative method	-mont	h period of
	<u>-</u>		Enrollment in the family employer's health plan.	optio	n of an
			Enrollment in the family employee health plan.	optio:	n of a State
			Enrollment in the State huninsured.	ealth	plan for the
		<u>_7</u>	Enrollment in an eligible organization (HMO) with a of less than 50 percent M (except recipients of ext	prepa	aid enrollment id recipients
Supersedes	2-3 0-13 Approval	Date2	2/29/92 Effective Da	te	1/1/92
TN No9	0-13				

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-

State: TENNESSEE

<u>Citation</u>
3.5 <u>Families Receiving Extended Medicaid Benefits</u> (Continued)

<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
  - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- // (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 92-3
Supersedes Approval Date 2/29/92 Effective Date 1/1/92
TN No. 90-13

State/Territory: _	TENNESSEE	
		Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.
		Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.
	(2)	The agency
		(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
		<pre>(ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).</pre>
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TN No. 90-13
Supersedes
TN No. New

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